

	<p align="center">Mechanical Permit Application City of South Bend P.O. Drawer 9, South Bend, WA 98586 (360) 875-5571 FAX (360) 875-4009 www.southbend-wa.gov</p>	<p align="center">PERMIT FEE: \$59.50</p>
---	--	---

PROPERTY OWNER INFORMATION <input type="checkbox"/> Contact Person		OFFICE USE ONLY
Name:		Issued Date: Issued By:
Address:		
City:	State: Zip:	
Phone:	Phone:	
Email:		
APPLICANT INFORMATION <input type="checkbox"/> Contact Person		
Name:		
Address:		TYPE OF PROJECT
City:	State: Zip:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Phone:	Phone:	<p align="center">**Important Notice** Call L & I at 360-575-6900 for a mechanical permit for a manufactured home. The city does not issue mechanical permits for manufactured homes.</p>
Email:		
CONTRACTOR INFORMATION <input type="checkbox"/> Contact Person		
Name:		DESCRIPTION OF WORK
Address:		
City:	State: Zip:	
Phone:	Phone:	
Email:		
WA State License Number:		

JOB SITE INFORMATION AND LOCATION	
Job Site Address:	Unit/Bldg/Apt No:
Legal Description:	Tax Parcel ID No:
Directions to Site:	

Legal Description and Tax Parcel Number can be found on your tax statement, the Pacific County Website address – www.co.pacific.wa.us – or by calling the Assessor’s office at 360-875-9301. **Applications cannot be processed without this information.**

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

- 1. I have read and examined this Mechanical Permit Application*
- 2. The information provided in this application contains no misstatement of fact.*
- 3. I am the owner(s), or the authorized agent(s) of the owner(s) of the property which is the subject of this development application.*
- 4. I am currently a licensed general contractor or specialty contractor under Chapter 18.27 RCW.*

Authorized Signature:

Print Name:	Date:
-------------	-------